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| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL | | 1. TRANSMITTAL NUMBER: 10-012 | 2. STATE New Mexico |
| FOR: HEALTH CARE FINANCING ADMINISTRATION | | 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) | |
| TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES | | 4. PROPOSED EFFECTIVE DATE February 1, 2011 | |
| 5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment) | | | |
| 6. FEDERAL STATUTE/REGULATION CITATION: Sections 1902(a)(10)(A)(ii)(XXI), 1902(ii), 1920C, and 1905(a)(4)(c) of the Social Security Act. | | 7. FEDERAL BUDGET IMPACT: a. FFY 11 (partial year) \$2,800,000 b. FFY 12 \$4,200,000 | |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 2.2A , pages 23f and 23g (new) Attachment 3.1A, page 11 (new) * Attachment 4.19-B page 6b (new) * Attachment 3.1-A, page 2 | | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): none Same (TN 93-10) | |
| 10. SUBJECT OF AMENDMENT: Family Planning | | | |
| 11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL <div style="text-align: right;">X OTHER, AS SPECIFIED: Authority Delegated to the Medicaid Director.</div> | | | |
| 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME: Julie Weinberg | | 16. RETURN TO: Julie Weinberg, Director Medical Assistance Division P.O. Box 2348 Santa Fe, NM 87504 | |
| 14. TITLE: Director, Medical Assistance Division | | | |
| 15. DATE SUBMITTED: December 21, 2010 | | | |
| FOR REGIONAL OFFICE USE ONLY | | | |
| 17. DATE RECEIVED: 21 December, 2010 | | 18. DATE APPROVED: 24 February, 2011 | |
| PLAN APPROVED – ONE COPY ATTACHED – | | | |
| 19. EFFECTIVE DATE OF APPROVED MATERIAL: 1 February, 2011 | | 20. SIGNATURE OF REGIONAL OFFICIAL:  | |
| 21. TYPED NAME: Bill Brooks | | 22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health | |
| 23. REMARKS: * Pen and Ink change made per State's e-mail dated 15 February, 2011 adding Attachment 4.19-B, page 6b, to the SPA approval package. * Pen and Ink change made per State's e-mail dated 27 January, 2011, changing Attachment 3.1-A page 11 (new) to Attachment 3.1-A, page 2 | | | |

Revision:

ATTACHMENT 3.1-A

Page 2

OMB NO.:

State/Territory New Mexico

Citation

**AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE
AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY**

- 4.a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.

Provided: ☒ No limitations ☐ With limitations*

- 4.b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.*

- 1905(a)(4)(C) 4.c.(i) Family planning services and supplies for individuals of child-bearing age and for individuals eligible pursuant to Att. 2.2-A, B, if this eligibility option is elected by the State.

Provided: ☐ No limitations ☒ With limitations*

- 4.c.(ii) Family planning-related services provided under the above State Eligibility Option

- 5.a. Physicians' services whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere.

Provided: ☐ No limitations ☒ With limitations*

- 5.b. Medical and surgical services furnished by a dentist (in accordance with section 1905(a)(5)(B) of the Act).

Provided: ☐ No limitations ☒ With limitations*

6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.

- a. Podiatrists' services.

Provided: ☐ No limitations ☒ With limitations*

* Description provided on attachment.

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|----------------------------|---|
| STATE <u>New Mexico</u> | A |
| DATE REC'D <u>12-21-10</u> | |
| DATE APP'D <u>2-24-11</u> | |
| DATE EFF <u>2-1-11</u> | |
| HCFA 179 <u>10-12</u> | |

TN No. 10-12

Approval Date 2-24-11

Effective Date 2-1-11

Supersedes TN No. 93-10

SUPERSEDES: TN- 93-10

Revision:

CMS-PM-

ATTACHMENT 2.2-A

Page 23F

OMB No.:

State/Territory New Mexico

Citation

Groups Covered

**B. Optional Groups Other Than the Medically Needy
(Continued)**

1902(a)(10)(A)(ii)(XXI)
1902(ii)

X Individuals who are *not* pregnant and whose income does not exceed the State established income standard of 185 % of the Federal Poverty Level. This amount does not exceed the highest income limit for pregnant women in this State Plan, which is 185 % of the Federal Poverty Level.

☐ In determining eligibility for this group, the State considers only the income of the applicant or recipient.

Note: Services are limited to family planning services and family planning-related services as described in section 4.c(ii) of Attachment 3.1-A.

1920C

Presumptive Eligibility for Family Planning:

| | |
|----------------------------|--------------|
| A | |
| STATE <u>New Mexico</u> | |
| DATE REC'D <u>12-21-10</u> | |
| DATE APP'D <u>2-24-11</u> | |
| DATE EFF <u>2-1-11</u> | |
| HCFA 179 | <u>10-12</u> |

☐ The State provides a period of presumptive eligibility for family planning services to individuals determined by a qualified entity, based on preliminary information from the individual, described in the group the State has elected to make eligible under the above option. The period of presumptive eligibility ends on the earlier of the date a formal determination of Medicaid eligibility is made under 1902(a)(10)(A)(ii)(XXI), or, when no application has been filed, the last day of the month following the month during which the qualified entity determines the individual presumptively eligible.

TN No. 10-12

Approval Date 2-24-11

Effective Date 2-1-11

Supersedes TN No. SUPERSEDES. NONE - NEW PAGE

Revision:

CMS-PM-

ATTACHMENT 2.2-A

Page 23 G

OMB NO.:

State New Mexico

Citation

Groups Covered

☐ In addition to family planning services, the State covers family planning-related services to such individuals during the period of presumptive eligibility.

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|-----------------------------|---|
| STATE <u>New Mexico</u> | A |
| DATE REC'D. <u>12-21-10</u> | |
| DATE APPV'D <u>2-24-11</u> | |
| DATE EFF <u>2-1-11</u> | |
| HCFA 179 <u>10-12</u> | |

TN No. 10-12

Approval Date 2-24-11

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Supersedes TN No. _____ SUPERSEDES: NONE - NEW PAGE

New Mexico

ATTACHMENT 4.19-B

PAGE 6b

IV. Reimbursement Methodology for Family Planning Services

- (a) Payment for family planning services is made in accordance with the provisions contained in Section 4.19-B item I (payment to providers on a fee for service basis), Item II (prescribed drugs), item III (outpatient hospital services), item VI (laboratory services), item VIII (federally qualified health centers and rural health clinics), and 4.19-D (inpatient hospital reimbursement); depending on the service and the provider type. For all providers which are physician-directed and are approved to provide family planning services under this state plan, the upper payment limits will not be in excess of a fee schedule approved by the single state agency, for each of the professional services authorized as benefits.

SUPERSEDES: NONE - NEW PAGE

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|----------------------------|---|
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